

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

1. DOCUMENT # L02000000024

Name and Mailing Address

0003021 01 AT 0.292 \*\*AUTO T4 0 0615 32757-552641

SIMPSON COMMERCIAL PROPERTIES, L.L.C.  
441 NORTH DONNELLY STREET  
MOUNT DORA FL 32757-5526



2. New Mailing Address

City, State, Zip

Principal Place of Business

441 NORTH DONNELLY STREET  
MOUNT DORA FL 32757

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/28/2001

6. FEI Number 20-0360351  
APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

SIMPSON, ROBERT L  
441 NORTH DONNELLY STREET  
MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300024566373  
11/10/03--01074--004 \*\*100.00

City

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SIMPSON, ROBERT L	441 NORTH DONNELLY STREET	MOUNT DORA FL 32757
ST	SIMPSON, CAROL	441 NORTH DONNELLY STREET	MOUNT DORA FL 32757
VP	SIMPSON, MICHAEL	441 NORTH DONNELLY STREET	MOUNT DORA FL 32757
D	SIMPSON, MARK	441 NORTH DONNELLY STREET	MOUNT DORA FL 32757

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

**SIGNATURE REQUIRED**

Date

11-4-03

Daytime Phone #

352-383-2087

Typed or printed name of signing Managing Member/Manager



# Internal Revenue Service

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

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## Federal Tax ID / EIN

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This is your provisional Employer Identification Number:

**20-0360351**

Today's Date is: November 04, 2003 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

[Click here](#) to return to the Internet Employer Identification Number landing (start) page.

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***Simpson Commercial Properties  
441 North Donnelly Street  
Mount Dora, FL 32757  
352-383-2087***

November 5, 2003

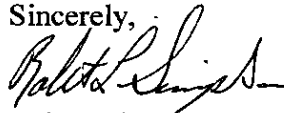
Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed please find Check #1509 in the amount of \$100.00 for reinstatement of Simpson Commercial Properties LLC, L02000000024. We have applied for and received the Employer Identification Number, which is 20-0360351. There was a check, #1474 in the amount of \$50.00 on September 17, 2003, that was sent in with the original renewal form which we have not been reimbursed for, please apply to the \$150.00 reinstatement fee.

Thank you,

Sincerely,



Robert Simpson

RLS/amy  
Enc.